



2-3-04

EXPRESS MAIL NO. EV348170951US

<b>TRANSMITTAL FORM</b>  (To be used for all correspondence after initial filing)	Application Number	10/656,837
	Filing Date	September 5, 2003
	First Named Inventor	Cesar Antonio Trujillo
	Art Unit	3727
	Examiner Name	
	Attorney Docket No.	960080.401

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Declaration	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<u>Copy of Notice to File Missing Parts</u>
<input checked="" type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		_____

**Remarks** 8 Sheets Replacement Drawings (Figs. 1-8C)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Individual Name	Kevin S. Costanza	Customer Number <b>00500</b>
Signature		
Date	2/2/04	

CERTIFICATE OF TRANSMISSION/MAILING		
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